

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. <i>08/05, 051</i>	FILING DATE <i>4-21-93</i>
APPLICANT(S) <i>C.</i>	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
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32	2					
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50						
TOTAL IND.	13					
TOTAL DEP.	29	↓	↓	↓		
TOTAL CLAIMS	42					

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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99					
100					
TOTAL IND.					
TOTAL DEP.		↓	↓	↓	
TOTAL CLAIMS					

BEST AVAILABLE COPY